

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>OHANA ADULT HOMECARE LLC</b>	LICENSE NUMBER <b>752195</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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### About the Home

**1. PROVIDERS STATEMENT (OPTIONAL)**

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

**Ohana Adult Home Care is a small and intimate adult family home; providing the utmost attention to care and striving to keep resident dignity and quality of life a priority. Our motto here at OAHHC, is that the best kind of home, is one where you feel like family.**

**2. INITIAL LICENSING DATE**

**04/04/2012**

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**

**n/a**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**Ohana Adult Homecare**

**5. OWNERSHIP**

- ☒ Sole proprietor  
☐ Limited Liability Company  
☐ Co-owned by:  
☐ Other:

## Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**Ohana Adult Home Care offers assistance with meal times as necessary. We offer everything from minimal assistance (i.e. simply serving meals), to full assistance (feeding resident). We also offer clothing protectors and specialized meal preparation. Specialized meal preparation includes, but is not limited to: Blending food, adding thickening to liquids, adhering to dietary requirements/restrictions (special diets, food allergies, etc.), accomodating food preferences, etc.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**Ohana Adult Home Care can assist with toileting as needed. We provide assistance (but are not limited to) through reminders to use the restroom, transferring, assistance with cleaning & personal hygiene, changing of incontinence garments, maintaining cleanliness of residents who are bed/wheelchair bound. We are very adamant about preventing infections and encouraging regular restroom use.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**Ohana Adult Home Care provides assistance with walking, by aiding the resident with standing, transferring, stabilization, and providing leverage if the resident has trouble getting their footing. We also ensure resident safety by providing close supervision (within resident comfort/preference) while ambulating. Staff also provide personalized assistance per resident ability, with walkers and wheelchairs.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**Ohana Adult Home Care provides complete assistance with transferring residents. We may assist with standing, pivot/turning, and sitting. We also provide assistance with single person, as well as dual person assists.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**Ohana Adult Home Care is able to accommodate turning schedules, as per doctors orders. We are able to provide turning, as well as maintaining position with soft supports and cushions; keeping resident comfort and condition in mind.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**Ohana Adult Home care provides assistance with personal hygiene, as per resident requirements and/or preference. We take special care in ensuring that bathing is thorough and on schedule; we assist with oral hygiene, perineal care, and with any other task that may be required of staff (i.e. nail care, post-toileting clean up, laundering clothes, etc.).**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**Ohana Adult Home Care may provide any range of assistance required to aid the resident in dressing or**

<p><b>un-dressing. We are able to aid in the changing of clothes, assisting the resident in choosing their daily ensembles, retrieving clothes from closets and drawers, assistance with equipping and removing garments, and so on. If the resident simply wishes the staff to provide stability while they dress, we may also provide that assistance as well. OAHC respects resident privacy while undressing.</b></p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <p><b>Ohana Adult Home Care provides a full range of assistance for bathing, including minimal (stability and safety supervision) to high level (full assist bathing for resident) assistance for the resident. Staff at OAHC put resident safety on high regard, and are always confirming the resident is secure in their positioning and stance before proceeding to the next task. We also provide toiletries, such as shampoo, body wash/soap, wash cloths, and towels.</b></p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p><b>The staff at Ohana Adult Home care are always open to resident preference, and hold resident quality of life as a priority. We continuously encourage independence and participation with tasks and activities.</b></p>
<p><b>Medication Services</b></p> <p>If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)</p> <p>The type and amount of medication assistance provided by the home is:</p> <p><b>Ohana Adult home care is able to provide any level of assistance, with any medication and treatments as per required under the scope of nursing. OAHC has a 24 hour RN in house.</b></p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p><b>Any form of medication administration under scope of nursing.</b></p>
<p><b>Skilled Nursing Services and Nurse Delegation</b></p> <p>If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)</p> <p>The home provides the following skilled nursing services:</p> <p><b>Any and all nursing services may be provided by Ohana Adult Home Care. OAHC has a 24 hour RN in house.</b></p> <p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p><b>Any and all Nurse delegation services may be provided by Ohana Adult Home Care; Provider is a certified Nurse delegator with Wa state Department of health.</b></p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p>
<p><b>Specialty Care Designations</b></p> <p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input checked="" type="checkbox"/> Developmental disabilities</p> <p><input checked="" type="checkbox"/> Mental illness</p> <p><input checked="" type="checkbox"/> Dementia</p>
<p>ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS</p>
<p><b>Staffing</b></p>

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☒ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: 24 hr in house.
- ☐ Licensed practical nurse, days and times: \_\_\_\_\_
- ☒ Certified nursing assistant or long term care workers, days and times: 24 hr in house.
- ☒ Awake staff at night
- ☐ Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

**When resident RN is away, on-call RN is available in area.**

#### Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

**Any and all.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Ohana Adult Home care is open to care for people of all cultures and backgrounds. Primary Language spoken by provider and workers is English.**

#### Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- ☐ The home is a private pay facility and does not accept Medicaid payments.
- ☒ The home will accept Medicaid payments under the following conditions:

**Any and all.**

ADDITIONAL COMMENTS REGARDING MEDICAID

#### Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Ambulating, Range of motion exercises, outside patio common area for socializing, Jigsaw puzzles, Adult Drawing/Coloring books, Television in family room (or in resident bedroom if preferred), a large selection of novels and other reading material.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**OAHC Provides cake, balloons, and outdoor festivities on birthdays and special occasions (as permitted by family(ies) and guardians).**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

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